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CONFIRMATION NO. 2531

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | | | | | |
|---|---|-----------------------------------|------------------------------|---|--|---|-----------------------------------|------------------------------|---------------------------|--------------------------------|
| 10/552,701 | 10/25/2006 | 428 | 1794 | 2201.0030000/RWE/ALS | | | | | | |
| APPLICANTS Julien Lefebvre, LeGardeur, CANADA; Mark Frohlich, Dollard-Des-Ormeaux, CANADA; Ludovic Lepatois, Montreal, CANADA; Roger Tambay, Rosemere, CANADA; ** CONTINUING DATA ***** This application is a 371 of PCT/CA04/00521 04/07/2004 ** FOREIGN APPLICATIONS ***** CANADA 2424630 04/07/2003 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 04/10/2007 | | | | | | | | | | |
| <table border="1"> <tr> <td> Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/APRIL C INYARD/</u> <small>Examiner's Signature</small> </td> <td> <input type="checkbox"/> Met after Allowance <u>Initials</u> </td> <td> STATE OR COUNTRY CANADA </td> <td> SHEETS DRAWINGS 14 </td> <td> TOTAL CLAIMS 19 </td> <td> INDEPENDENT CLAIMS 2 </td> </tr> </table> | | | | | Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/APRIL C INYARD/</u> <small>Examiner's Signature</small> | <input type="checkbox"/> Met after Allowance <u>Initials</u> | STATE OR COUNTRY CANADA | SHEETS DRAWINGS 14 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 2 |
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| ADDRESS STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 UNITED STATES | | | | | | | | | | |
| TITLE Reflective film | | | | | | | | | | |
| FILING FEE RECEIVED 515 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | | | | |